

Log No. 14385
Permit No. _____
Basin Washoe Val

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Mont Goodin ADDRESS 4115 Woodcock
C. O., NEV

2. LOCATION 32 1/4 Sec. 34 T. 17 N/S R. 20 E. WASHOE County
PERMIT NO. North East WASHOE LAKE

3. TYPE OF WORK		4. PROPOSED USE			5. TYPE WELL	
New Well <input checked="" type="checkbox"/>	Recondition <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/>	Irrigation <input type="checkbox"/>	Test <input type="checkbox"/>	Cable <input checked="" type="checkbox"/>	Rotary <input type="checkbox"/>
Deepen <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Municipal <input type="checkbox"/>	Industrial <input type="checkbox"/>	Stock <input type="checkbox"/>	Other <input type="checkbox"/>	

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Black SAND		174	174	4
SAND & GRAVEL	<input checked="" type="checkbox"/>	174	180	6
Blue CLAY		180	184	4
GRAVEL & SAND		184	200	16
CLAY		200	216	16
Black GRAVEL		216		

6" - 46' WELL CONSTRUCTION

Diameter hole..... inches Total depth 216 feet
 Casing record..... 63/8
 Weight per foot..... 12.89 Thickness 188

Diameter	From	To
<u>6</u> inches	<u>170</u> feet	<u>216</u> feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet

Surface seal: Yes No Type.....
 Depth of seal..... feet
 Gravel packed: Yes No
 Gravel packed from..... feet to..... feet

Perforations: Cut & Perforator
 Type perforation.....
 Size perforation.....
 From..... 170 feet to..... 200 feet
 From..... feet to..... feet
 From..... feet to..... feet
 From..... feet to..... feet
 From..... feet to..... feet

9. WATER LEVEL

Static water level..... 110 Feet below land surface.....
 Flow..... G.P.M.....
 Water temperature..... ° F. Quality.....

Date started..... 9-16-74, 19.....
 Date completed..... 9-18-74, 19.....

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name..... W. M. Blain
 Address..... Box 255 NEV
 Nevada contractor's license number..... 10950
 Nevada driller's license number..... 717
 Signature..... Warren Blain
 Date..... 10/18/74

BAILER TEST

G.P.M. 16 Draw down..... 0 feet hours
 G.P.M. Draw down..... feet hours
 G.P.M. Draw down..... feet hours